0.474.494.494.4	m 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No. 3060-09 July 2013	86/OMB Control No. 3060-0819
<010>	Study Area Code	351344		
<015>	Study Area Name	PRAIRIE TEL CO		
<020>	Program Year	2014		- 11.00 300 100 00 1
<030>	Contact Name: Person USAC should contact with questions about this data	Kevin Skinner		
<035>	Contact Telephone Number: Number of the person identified in data line <0	^{712–673–2311}		
<039>	Contact Email Address: Email of the person identified in data line <030:	kskinner@westianet.com >		
ANNUA	IL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting	(complet	te attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	(complet x if no outages to report	te attached worksheet)	
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		descriptive document) descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (vo. Fixed Mobile Number of Complaints per 1,000 customers (br. Fixed Mobile			
<500> <510> <600> <610> <700> <710> <800> <1000> <1110> <1110>	Terrestrial Backhaul (Y/N)?	(attachea (check t (attachea (comple (comple (if yes, comple (check t (attach (if not, check t	o indicate certification) I descriptive document) o indicate certification) I descriptive document) te attached worksheet) te attached worksheet) te attached worksheet) te attached worksheet) o indicate certification) o indicate certification) te attached worksheet) te attached worksheet) te attached worksheet)	
<2000> <2005>		n Price Cap Local Exchange Carriers (check t (comple	o indicate certification) te attached worksheet)	
<3000> <3005>		(check t	o indicate certification) te attached worksheet)	V

Page 2

(100) Se	(100) Service Quality Improvement Reporting	FCC Form 481
Data Co	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name PRAIRIE TEL CO	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data Kevin Skinner	inner
<035>	Contact Telephone Number - Number of person identified in data line <030> 712-673-2311	3-2311
<039>	Contact Email Address - Email Address of person identified in data line <030> kskim	kskinner@westianet.com
<110>	Has your company received its ETC certification from the FCC?	(yes/no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no)
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	e si √r
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
(113) (114) (115) (116) (117) (118)	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

	Data Collection Form								OM. July	OMB Control No. 3060-(July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	3060-0819
<010>	Study Area Code	de				351344						
<015>	Study Area Name	ıme				PRAIRIE TEL CO						
<070>	Program Year					2014						
<030>	Contact Name	Contact Name - Person USAC should contact regarding this data	should contac	t regarding thi		Kevin Skinner						
<032>		hone Number -	Number of pe	rson identified	in data line <0	Contact Telephone Number - Number of person identified in data line <030> 712-673-2311						
<039>		Address - Emai	Address of pe	rson identified	ا in data line <د	Contact Email Address - Email Address of person identified in data line <030> kskinner@westlanet.com	ianet.com					
<220>	\$	<	<	6	 b4>	¢t\$	69	\$	ô	÷	ŝ	\$
	NORS Reference	Outage Start	Outage Start Outage Start	8	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Number	Date	Time		Time	Customers Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
						-	See attached					
						_						
						MC	Worksneet					
	_			_								

(700) P. Data Cc	(700) Price Offerings ir Data Collection Form	(700) Price Offerings including Voice Rate Data Data Collection Form	lata				곳 g 크	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	B Control No. 3060-0819
<010>	Study Area Code	ode			351344				
<015>	Study Area Name	lame			PRAIRIE TEL	II CO			
<020>	 Program Year 	1			2014				
<030>		Contact Name - Person USAC should contact regarding this data	contact regard	ling this data	Kevin Skinner	ren			
<032>		Contact Telephone Number - Number of person identified in data line <030>	er of person ide	intified in data line	<030> 712-673-2311	1			
<039>	ŀ	Contact Email Address - Email Address of person identified in data line <030>	ss of person ide	entified in data line	<030> kskinner@westianet.com	tianet.com			
<701>		Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ective Date ervice Charge	1/1/1	1/2013				
<703>	<a1></a1>	<a2></a2>	<a3></a3>	<61>	< b 2>	 	 	<	٥
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
					See att	See attached worksheet			
					1				
				Amir					
		:							

Study Area Code		351344	344					
Study Area Name		PRA	PRAIRIE TEL CO					
Program Year	11 Land 1	2014	4	Accepted Blancing				
Contact Name - Person U	Contact Name - Person USAC should contact regarding this data		Kevin Skinner					
Contact Telephone Numk	Contact Telephone Number - Number of person identified in data line <030>		712-673-2311					
Contact Email Address - E	Contact Email Address - Email Address of person identified in data line <030>	1 1	kskinner@westianet.com	t.com				
<a1>></a1>	<=2>	 b1>	 652>	٥	<q1></q1>	<92>	<£p>	<94>>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
		Se	See attached					
		work	worksheet					
		-						

 \$1344 \$1344 \$1344 \$135 Study Area Code \$1344 \$135 Study Area Name \$134 Evan State Tellon \$134 Evan State Tellon \$135 Contact Name - Person USAC should contact regarding this data in Evertion Skinner \$135 Contact Telephone Number - Number of person identified in data line <030> 712-673-2311 \$135 Contact Email Address of person identified in data line <030> kskinner@westianet.com \$136 Reporting Company \$137 NA \$137 Affiliates Affiliates Affiliates	TEL CO Whiner 773-2311 Therewestianet.com Ca2> SAC	July 2013 <a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-
	See attached worksheet	

(900) Tri	(900) Tribal Lands Reporting	FCC Form 481
Data Col	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		Jan.
<010>	Study Area Code	351344
<015>	Study Area Name	PRAIRIE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Skinner
<035>	Contact Telephone Number - Number of person identified	in data line <030> 712-673-2311
<039>	Contact Email Address - Email Address of person identified in data line <030>	:030> kskinner@westianet.com
<910>	Tribal Land(s) on which ETC Serves	
V0207	Trikal Government Engagement Ohligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	
		Select
		(Yes,No,
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) N Data Coll	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351344
<015>	Study Area Name	PRAIRIE TEL CO
<020>	Program Year	2014
<030>	- Person USAC should contact regarding this data	Kevin Skinner
<035>	ta line <030>	712-673-2311
<039>	Contact Email Address - Email Address of person identified in data line <030>	kskinner@westianet.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

ന

(1200) Te Lifeline	1200) Terms and Condition for Lifeline Customers Ifeline		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Col	Data Collection Form		July 2013
<010>	Study Area Code	38	351344
<015>	Study Area Name	Id	PRAIRIE TEL CO
<020>	Program Year	2(2014
<030>	Contact Name - Person USAC should contact regarding this data		Kevin Skinner
<035>	Contact Telephone Number - Number of person identified in data line <030>	<030>	712-673-2311
<039>	Contact Email Address - Email Address of person identified in data line <030>	e <030>	kskinner@westianet.com
		ir e	000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	ה ז	official control of the control of t
		Zaz	Name of attached document (.pdt)
<1220>	Link to Public Website	HTTP ht	http://www.westianet.com/content/page/residential-financial-assistance-programs
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

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	(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Coll	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
Š	35134	
40102 40102	Study Alea Code Study Area Code	
\$050\$	2014	
<030>	- Person USAC should contact regarding this data	
<035>	ta line <030;	
<039>	Contact Email Address - Email Address of person identified in data line <030> kskinner@westianet.com	COM
CHECK tl	ne boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge red support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.	CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	
	Duise for Camine Description Events County Cartification (17 CED & EA 212(1))	
,	rrice Cap Carriel Receiving Frozen Support Cerunication (** Crn 8 3*;344(a))	
<7T07>	2015 Frozen Support Letrification	CONTRACT OF THE PROPERTY OF TH
<2013>	2014 Frozen Support Certification	
<2014>	2015 Frozen Support Certification	
<2015>	2016 and 1uture Frozen Support Certification	
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband	
	Connect America Dhace II Dannting (47 CEP & EA 212(a))	
ć		
107]
<2018>	Sth year Broadband Service Certification	
CZ020	Internit Progress Certaircation Please check the hox to confirm that the attached PDF on line 2021.	
10707	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	. Command
	of CAF Phase II support shall provide the number, names, and addresses of	
	community anchor institutions to which began providing access to broadband	
	service in the preceding calendar year.	
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

/2013

- (110) Study Area Code - (112) Study Area Name - (112) Study Area Name - (112) Study Area Name - (112) Contact Name - Person USAC should contact regarding Contact Line (112) Study Area Name - (112) Contact Line (112) State (112) Stat			OMB Control No. 3060-0986/OMB Control No. 3060-0819
CHECK the boxes below to note comp CHECK the boxes below to note comp CONTACT Telephone Number— CO33> Contact Email Address - Email CHECK the boxes below to note comp Progress Report on 5 Year PI (3010) Milestone Certification (47 CI Please check this box to conf contains the required inform (3011) Recipient of CAF Phase il sup addresses of community and access to broadband service (3013) Is your company a Privately FI (3014) If yes, does your company fill Please check these boxes to contains the required inform requires: (3015) Row on in in iterations Borrow (3016) PDF of Balance Sheet, Incom (3017) Rithe response is yes on line (3019) If the response is no on line if the response is on line if the response is no on line if to confirm your submission, contains: Copy of their financial staten (3021) Management letter issued by that performed the company if the response is no on line if to confirm your submission, contains: Copy of their financial staten (3022) Inderlying information subji and in a format companable to RUS O Borrowers, (3023) Public accountant (3024) Underlying information subji and in a format on a formation subji			Cities contract cares cares contract co
COLOP Study Area Code COLOP Program Year COLOP Program COLOP			July 2013
CHECK the boxes below to note comp CHECK the boxes below to note comp CHECK the boxes below to note comp Progress Report on 5 Year PI (3010) Milestone Certification (47 CI Please check this box to conf contains the required inform (3011) recipient of CAF Phase il sup addresses of community and access to broadband service (3013) is your company a Privately F, (3014) if yes, does your company filt Please check these boxes to contains the required inform requires: (3015) For Balance Sheet, Incom (3016) PDF of Balance Sheet, Incom (3017) report and all required docu (3018) if the response is yes on line (3017) report and all required docu (3019) if the response is yes on line (3017) report and all required docu (3019) if the response is yes on line (3017) freport and all required docu (3019) if the response is yes on line (3017) report and all required docu (3019) if the response is yes on line (3017) freport and all required docu (3019) if the response is no on line if (3020) frem your submission, on (3021) that performed the company (3021) that performed the company (3022) format comparable to RUS O (3022) format comparable to RUS O (3023) public accountant (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji	351344		
CORDO Program Year CORD Contact Name - Person USAC CORTACT Telephone Number (3010) Milestone Certification (47 CI Please check this box to conf CORTACT TELEPHONE SERVICE CORTACT TELEPHONE SERVICE (3012) Syour company a Privately (3013) Syour company a Privately (3013) Syour company a Privately (3014) If yes, does your company if Privately (3015) PDF of Balance Sheet, Incom CORTACT Telecommunications Borrow (3015) PDF of Balance Sheet, Incom (3015) PDF of Balance Sheet, Incom (3016) PDF of Balance Sheet, Incom (3017) Telecommunications Borrow (3019) If the response is yes on line CORTACT CORTACT STELL (3020) If the response is yes on line CORTACT CORTACT STELL (3021) Management letter issued by that performed the company If the response is no on line it to confirm your submission, contains: COPY of their financial staten (3021) Management letter issued by that performed the company If the response is no on line it to confirm your submission, contains: COPY of their financial staten (3022) Public accountant (3023) Public accountant (3024) Underlying information subji	PRAIRIE	TEL CO	
CONTECT Name - Person USACOBS Contact Name - Person USACOBS Contact Telephone Number-COBS Contact Telephone Number-COBS Contact Telephone Number-COBS Contact Telephone Number-COBS Contact Telephone Or Company Private Inspirate Informations of CAF Phase II suppadresses of community and addresses of community and I yeas check these boxes to contains the required inform requires. [3012] Community Anchor Institutio (3013) If yeas check these boxes to contains the response is yes on line addresses of communications Borrow (3016) PDF of Balance Sheet, Incommunity and all required document of the response is yes on line confirm your submission, on the state of the state of the submission, on the state of the submission, contains: [302] Management letter issued by that performed the company if the response is no on line it to confirm your submission, contains: [302] Copy of their financial staten independent certified public format companie to RUS O Borrowers, [302] Underlying information subj. Por State Incommunication independent certified public domaton subj. public accountant (3024) Underlying information subj. Por State Incommunication subj. Por State Incommunicatio			
CHECK the boxes below to note comp Progress Report on 5 Year Pl (3010) Milestone Certification (47 Cl Please check this box to conf contains the required inform (3011) recipient of CAF Phase II supp addresses of community and (3013) Is your company a Privately IV (3014) If Yes, does your company If (3015) Please theck these boxes to contains the required inform requires. [3015] Figher and all required docur (3016) PDF of Balance Sheet, Incom (3017) If the response is yes on line (3017) If the response is yes on line (3019) If the response is yes on line (3020) PDF of Balance Sheet, Incom (3021) Management letter issued by that performed the company If the response is no on line is to confirm your submission, contains: Copy of their financial staten (3022) Inderlying information subji public accountant (3024) Underlying information subji public accountant (3024) Underlying information subji	1 1	Kevin Skinner	
CHECK the boxes below to note comp Progress Report on S Year Pl (3010) Milestone Certification (47 Cl Please check this box to conf contains the required inform contains the required inform recipient of CAF Phase II supp addresses of community and access to broadband service (3013) Is your company a Privately I (3014) If yes, does your company fill Please check these boxes to contains the required inform requires: (3015) Electronic copy of their annu (3016) PDF of Balance Sheet, Incom (3017) If the response is yes on line (3017) If the response is yes on line (3018) If the response is yes on line (3019) Either a copy of their auditer (3020) BDF of Balance Sheet, Incom (3020) Han a format comparable to RI (3020) Anaagement letter issued by that performed the company If the response is no on line is format comparable to RI (3021) Copy of their financial staten (3022) Independent certified public (2021) Charact companable to RI (3022) Charact companable to RI (3023) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji	Contact Telephone Number - Number of person identified in data line <030>	712-673-2311	
CHECK the boxes below to note comp Progress Report on 5 Year Pl (3010) Milestone Certification (47 Cl Please check this box to conf contains the required Inform (3011) recipient of CAF Phase II supp addresses of community and access to broadband service (3012) Community Anchor Institutio (3013) is your company a Privately I (3014) if yes, does your company for requires: Electronic copy of their annu (3015) Pop of Balance Sheet, Incom- (3016) Pop of Balance Sheet, Incom- (3017) report and all required docu (3018) if the response is yes on line (3017) report and all required docu (3018) if the response is yes on line (3020) lifthe response is yes on line (3021) report and all required docu (3018) if the response is yes on line (3021) report and all required docu (3018) if the response is yes on line (3021) report and all required docu (3021) lifthe response is yes on line (3022) public accompany (3022) public accountant (3023) public accountant (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji	mail Address of person identified in data line <030>	kskinner@westianet.com	
Progress Report on 5 Year Pl (3010) Milestone Certification (47 Cl Please check this box to conf contains the required Inform (3011) recipient of CAF Phase II sup addresses of community and access to broadband service (3012) Community Anchor Institutio (3013) Is your company a Privately I (3014) If yes, does your company file please check these boxes to contains the required inform requires: [Betronic copy of their annu requires: [Betronic copy of their annu (3015) PDF of Balance Sheet, Incom (3015) If the response is yes on line (3015) If the response is yes on line (3017) If the response is yes on line (3019) If the response is yes on line (3020) Management letter issued by that performed the company (3021) Management letter issued by that performed the company If the response is no on line 3; to confirm your submission, on (3021) Management letter financial staten (3021) Independent certified public Compat companies (3022) Gorrowers, (3023) public accountant (3023) public accountant (3024) Underlying information subji (3024) Underlying information subji (3024) Underlying information subji	muliane on its fine vars conice mulity day functions to	report representations and for principal sections of the principal sections and the principal sections and the principal sections and the principal sections.	organisation supportunistico participation of the properties of th
	impliance on its rive year service quality plan (pursua CFR § 54.313(f)(2). I further certify that t	<i>be year service</i> quality plan (pursuant to 47 crs § 54,2dz(a)) and, for privately nead carriers, ensuring compliance with the 54,313(f)(2), I further certify that the information reported on this form and in the documents attached below is accurate.	LELA THE BOXES BELOW TO NOTE COMPILATOR IN 1978 FOR 1970 FOR 1974 AND THE STATES, BISTONING COMPILATOR WITH THE TRANSPORTING REQUIREMENTS SECTION IN 47 CR § 54.313(f)(2), I further certify that the information reported on this form and in the documents attached below is accurate.
	ır Plan		
	Milestone Certification $\{47$ CFR \S $54.313(f)(1)(i)\}$ Please check this box to confirm that the attached PDF , on line 3012 ,	Name of Attached Document Listing Required Information	
	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
	Community Anchor institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(Yes/No)
	nnual RUS reports (Operating Report for rowers)		
	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation if the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)[2], contains		
	Either a copy of their audited financial statement; or (2) a financial report In a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		Z Z
	Management letter issued by the independent certified public accountant that performed the company's financial audit.		7
	If the response is no on line 3018, please check the boxes below confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains. Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
	Borrowers, Underlying information subjected to a review by an independent certified public accountant		
	Underlying information subjected to an officer certification.		
	PDF of Balance Sheet, income Statement and Statement of Cash Flows		
(3026) Attach the worksheet listing required information	ing required information	Name of Attached Document Listing Required Information	351344183026

1991/00/00/00/00/00	tion - Reporting Carr lection Form	ler	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351344	
<015>	Study Area Name	PRAIRIE TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Pers	on USAC should contact regarding this data Kevin Skinner	
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 712-673-2311	
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> kskinner@westiane	et.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities ecipients; and, to the best of my knowledge, the information reported	nclude ensuring the accuracy of the annual reporting requirements for universal service suppo on this form and in any attachments is accurate.
Name of Reporting Carrier: PRAIRIE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 351344	Filing Due Date for this form: 10/15/2013

10/15/2013 Page 12

Data Coli	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351344	
<015>	Study Area Name	PRAIRIE TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USA	C should contact regarding this data Kevin Skinner	
<035>	Contact Telephone Number	- Number of person identified in data line <030> 712-673-2311	
<039>	Contact Email Address - Ema	all Address of person identified in data line <030> kskinner@wes	tianet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier ies include ensuring the accuracy of the annual data reporting requirements provided to the authorized to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier: PRAIRIE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 351344	Filing Due Date for this form: 10/15/2013

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification	or Agent Authorize	ed to File Annual Reports for CAF or	LI Recipients on Ben	air of Reporting Carrier
l, as agent for the reporting carrier, certify th the data reported herein based on data prov		-		behalf of the reporting carrier; I have provide herein is accurate.
Name of Reporting Carrier: PRA	IRIE TEL CO			
Name of Authorized Agent or Employee of Ag	ent:			
Signature of Authorized Agent or Employee of	Agent: CERTIFIED	OONLINE		Date:
Printed name of Authorized Agent or Employe	e of Agent:			
Title or position of Authorized Agent or Emplo	yee of Agent			
Telephone number of Authorized Agent or Em	ployee of Agent:			
Study Area Code of Reporting Carrier:	351344	Filing Due Date for this form:	10/15/2013	

Attachments

(800) Operating Companies		FCC Form 481
Data Collection Form.		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code 351344	71	
Study Area Name	PRAIRIE TEL CO	
Program Year		
Contact Name - Person USAC should contact regarding this data	Kevin Skinner	
Contact Telephone Number - Number of person identified in data line <030>	712-673-2311	
	kskinner@westlanet.com	
PRAIRIE TEL CO PRAIRIE TEL CO		
1		
<813>	<92>	- Cas
A	SAC	Doing Business As Company or Brand Designation
WESTSIDE INDEPENDENT	351335	dba Western Iowa Networks
BIC Inc.	359077	dba Western Iowa Networks
BREDA TEL CORP	351112	Western Iowa
	HERMAN CONTRACTOR OF THE CONTR	

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality

Standards and Consumer Protection Rules

CERTIFICATION OF PRAIRIE TELEPHONE CO., INC.

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in

compliance with applicable service quality standards and consumer protection rules. The

Carrier measures its service connection, held order, and service interruption performance

monthly according to Iowa Administrative Code §199-22.6. Carrier is in compliance with all of

the Iowa Utilities Board rules governing rates charged and service supplied by Telephone

Utilities as outlined in Section 199, Chapter 22 of the Iowa Administrative Code. Carrier follows

Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI

certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has

also implemented an Identity Theft Prevention Program in accordance with the Federal Trade

Commission's current Red Flags Rule.

Available for inspection are the following items documenting our procedures for compliance:

Carrier's local exchange tariff

Service terms and conditions

Sample notice to customers on matters related to privacy

• Procedures for notice to customers of rate changes

Notice to customers of Truth-In-Billing requirements

Notice to customers of complaint procedures

Disability accessibility notification

• Procedure for receiving emergency calls during non-business hours

I verify that the foregoing is true and correct. Executed on October 14, 2013.

/s/ Jane Morlok

Jane Morlok, CFO

Prairie Telephone Co., Inc.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

CERTIFICATION OF PRAIRIE TELEPHONE CO., INC.

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in

emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency

situation through the use of back-up power to ensure functionality without an external power source.

Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to

maintain a minimum of two hours of backup power to ensure functionality without an external power

source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in

the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network

for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 14, 2013.

/s/ Jane Morlok

Jane Morlok, CFO Prairie Telephone Co., Inc.

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 20.13 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit www.fcc.gov/lifeline or www.usac.org

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates

REDACTED – FOR PUBLIC INSPECTION

PRAIRIE TELEPHONE CO., INC. (SAC 1344)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY